

**Indiana Department of Child Services
Intake Guidance Tool**



Reporter's Basis for Making the Report ☐ Witnessed Alleged Incident ☐ Told by Child
☐ Told by Third Party ☐ Suspicion ☐ Observed by Physical Evidence ☐ Other

Referring From ☐ Hospital/Clinic ☐ Community Mental Health ☐ Referring Physician ☐ School
☐ Dentist ☐ Licensed Psychologist ☐ Managed Care Provider ☐ All Others (Non-Professional Reporters)

Child Information

- What are the name, age, DOB and gender of this child(ren)?
- Where is the child's current location (specific address)?
- Does the alleged perpetrator have access to this child? From your perception, is the child in danger (if so, why)?
- Does the child have any physical injuries? If so, describe:
- What is the mental/emotional condition of the child, including level of functioning and known disabilities?

Abuse Allegations:

- Please describe what happened?
- Where and when did the alleged abuse occur (type, extent, severity, duration and frequency)?
- Have there been other incidents of child abuse?

Neglect Allegations:

- Please describe the circumstances that concern you?
- Are there any specific conditions of the home that make the home unsafe for the child?
- Are the children being left alone, without adult supervision? What are the circumstances? For what period of time?

Additional Information:

- Are there other children in the home? What are their names, age, DOB and present location?
- Are there any other people that have first hand information about the alleged incident(s)?
- Has any action already been taken (medical attention, removed from home, other professionals involved)?

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Alleged Perpetrator Information

- What can you tell me about the perpetrator?
 - Name, address, telephone number, aliases
 - Relationship to the child
 - Behavioral issues (substance abuse, violence, mental health issues, criminal history)
 - General level of functioning
 - Current stressors

Parent/Guardian/Custodian Information

- Who are the child's parents/guardians/custodians?
 - Name, Address, telephone number, aliases
 - Do they know about this call?
 - Are there behavioral issues we should know about (substance abuse, violence, mental health issues, and criminal history)?
 - General level of functioning
 - Any family members, friends, or neighbors who may be helpful or have additional information?
 - Current stressors
 - Is English the family's first language? If not, what is?

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Safety Issues

- Are there any weapons in the home?
- Are there any animals in the home that may pose a danger to a worker?
- Does anyone in the home use drugs/alcohol? If yes, what type? Is a meth lab suspected?
- Does anyone in the home have a communicable disease?
- Have any family members been involved in domestic violence?
- Are any family members involved in any criminal activity?
- Is the home in a remote area?

Reporter Information (if willing – anonymous reports are acceptable: callers should be treated the same as identified reporters)

- What is your name, address, relationship to the child?
- How did you find out about the allegation?
- Can we call you again if we need additional information (if yes, contact information)?

Additional Information

- Is there anything else you want to tell me about this child and family?